# EXHIBIT

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#### POLICY CERTIFICATION

The undersigned, Jaimey Bly, being the Manager of Life Policy Administration of Nationwide Life Insurance Company located in Columbus, Ohio, hereby states that the attached portions of policy number L034804300 insuring the life of Gary H. Lupiloff, constitute a true and accurate copy of said policy.

Jaimey Bly

STATE OF OHIO )

S.S.

COUNTY OF FRANKLIN )

On this 4h day of 2011, before me, a Notary Public in and for the State of Ohio, appeared 3am(yb)y, known to be the person described herein, and who executed the foregoing instrument and she acknowledged that she voluntarily executed the same.

Notary Public

My Commission Expires: 10000011





#### GUARANTEED TERM LIFE INSURANCE TO AGE 95 POLICY

#### PLEASE READ YOUR POLICY CAREFULLY

This policy is a legal contract between you and us.

#### MEMO TO THE POLICY OWNER:

Patricia B. Hatter

Thank you for relying on Nationwide Life Insurance Company.

The protection this policy provides is explained on the following pages. To help us serve you better, please let us know if you change your name or address, or wish to change your Beneficiary.

We agree to pay the Death Benefit to the Beneficiary upon receiving proof that the Insured has died while this policy is in force.

#### 10 DAY RIGHT TO EXAMINE

To be certain that you are satisfied with this policy, you have a 10-day "free look." Within 10 days after you receive the policy, you may return it to our Home Office or to the agent who delivered it. We will then void the policy as if it had never been in force and refund all premiums paid.

If you have any questions about your policy or need additional insurance service, contact your agent or write to our Home Office. When you write to us, please include the policy number, the insured's full name, and your current address.

Signed at the Homo Office of the Nationwide Life Insurance Company, One Nationwide Plaza, Columbus, Ohio on the Policy Date shown on the policy data page.

Secretary

President

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Renewable once a year until age 95.

Convertible anytime prior to the end of the conversion period, as stated on the policy data pages.

Premiums payable during lifetime of Insured prior to the end of the term of the policy.

Premiums are guaranteed at issue.

Non-Participating - No Dividends.

Life 4608

Nationwide Life Insurance Company

Home Office: One Nationwide Plaza A Columbus, Ohio 43215-2220



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#### **POLICY DATA PAGE**

Owner beruent **Policy Number** 

**GARY H LUPILOFF GARY H LUPILOFF** L034804300

Age Of Insured Sex Of Insured Rate Type

Male Non-Tobacco **Policy Date** 

November 28, 2003

Initial Face Amount \$500,000

Standard Premium Class

An initial premium on the premium basis as shown in the application is due as of the policy date. Total initial premiums for the available frequencies of payment are:

Annual

Semi Annual

Quarterly

Monthly

\$1,030.00

\$535.60

\$272.95

\$91.67

Pramiums are payable to the policy anniversary in the year shown in the schedule below or until prior death of the insured.

To determine the guaranteed maximum model premium for any given age, use the annual premium shown and then: 1. multiply by the factor shown at the right: and

Payment Mode Factor Semi-annual x .5200 Quarterly

Loading .00

PAP

x .2650

2, edd the loading

.00 x .0890 .00

#### Schedule of Benefits and Annual Premiums

Form Number

4608

Bonefits 10 YEAR LEVEL GUARANTEED TERM LIFE INSURANCE TO AGE 95 Annual

Payable To Year

Premium \$1,030.00

2013

TOTAL INITIAL ANNUAL PREMIUM

\$1,030.00

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Page 2

XLDPOTA

DUPLICATE I

**GARY H LUPILOFF** Insured Name Policy Number L034804300

Policy Date Age Of Insured

November 28, 2003

Sex of Insured Male

10 Year Level Guaranteed Term Life Insurance to Age 95 - Base Policy

Face Amount -

\$500,000

NOTE: Premium is due at the beginning of each premium payment period (le., Annual, Semi-Annual, Quarterly, Monthly). The premium for the annual premium payment period is disclosed on this page.

NOTE: Conversion may be at any time during the first 5 years, subject to the 'CONVERSION' provision.

POLICY YEAR	AGE	OVARANTEED PREMIUM	POLICY YEAR	AQIÉ	guaranteed Premium
.1	46	\$1,030.00	26	71	\$52,915.00
2	47	\$1,030.00	27	72	\$58,435.00
3	48	\$1,030.00	28	73	\$85,135.00
.4	49	\$1,030.00	29	74	\$72,496.00
5	50	\$1,030.00	30	75	580,385.00
6	51	\$1,030,00	31	76	\$88,675.00
7	52	\$1,030 00	32	77	• \$97,365.00
8	53	\$1,030.00	33	78	\$106,480.00
9	54	\$1,030.00	34	78	\$116,310.00
10	55	\$1,630.00	35	80	\$127,170.00
11	5 <b>6</b>	\$11,825.00	. 36	81	\$139,335.00
12	57	312,980.00	37	82 *	\$103,000.00
13	5 <b>8</b>	\$14,288.00	38	83	\$168,280.00
14	59	\$15,710.00	39	84 '	\$184,695.00
15	60	\$17,320.00	40	8 <b>5</b>	\$201,930.00
16	81	\$19,110.00	41	86	\$219,760.00
17	62	\$21,175.00	42	87	\$237,915.00
18	63	\$23,515.00	43	88	\$258,315.00
19	84	\$28,110.00	44	89	\$275,225.00
20	65	\$28,955.00	48	90	\$294,910.00
21	68	\$32,030.00	45	91	\$315,830.00
22	87	\$35,330.00	47	92	\$338,765.00
23	68	\$38,915.00	48	93	\$365,945.00
24	69	\$42,890.00	49	94	\$402,410.00
25	70	\$47,750.00			

XLVP04A

#### **DEFINITIONS**

ATTAINED AGE: The insured's Attained Age is equal to the insured's age at issue, shown on the policy data page, plus the number of completed Policy Years.

BENEFICIARY: The Beneficiary is the person to whom the Death Benefits are paid when the Insured dies. The Beneficiary is named in the application, unless changed.

COMPANY: The Company is the Nationwide Life Insurance Company. "We," "our," and "us" refer to the Company.

CONTINGENT BENEFICIARY: The Contingent Beneficiary will become the Beneficiary if the named Beneficiary dies prior to the date of the death of the Insured.

CONTINGENT OWNER: The Contingent Owner will become the Owner if the named Owner dies prior to the date of death of the Insured.

DEATH BENEFIT: The Death Benefit means the amount of money payable to the Beneficiary if the Insured dies while this policy is in force.

HOME OFFICE: The Home Office of the Company is at One Nationwide Plaza, Columbus, Ohio.

INSURED: The Insured is the person whose life is covered by this insurance policy and named in the application.

OWNER: The Owner is as stated in the application unless later changed and endorsed on this policy. "You" or "your" refer to the Owner of this policy.

POLICY ANNIVERSARY: A Policy Anniversary is an anniversary of the Policy Date, shown on the policy data page.

POLICY DATE: The Policy Date is the date the policy provisions take effect. It is shown on the policy data page. Policy Years and policy months are measured from the Policy Date.

POLICY YEAR: The Policy Year starts on an anniversary of the Policy Date, and ends on the day prior to the next anniversary of the Policy Date.

#### **GENERAL POLICY PROVISIONS**

ENTIRE CONTRACT: The insurance provided by this policy is in return for the application and premiums paid as required in the policy. The policy and a copy of any written application, including any written supplemental applications together make up the entire policy contract. All agreements related to the policy must be on official forms signed by the President or Secretary of the Company. We will not be bound by any promise or representation made by any agent or other persons.

APPLICATION: All statements in an application are considered representations and not warranties. In issuing this policy, we have relied on the statements made in the application to be true and complete. No such statement will be used to void the policy or deny a claim unless that statement is a material misrepresentation.

SUICIDE: Suicide of the Insured, while sane or insane, within two years after the Policy Date, is not covered by this policy. In that event, this policy will end and the only amount payable will be the return of any paid premiums to the Beneficiary.

INCONTESTABILITY: After this policy has been in force during the lifetime of the Insured for two years from the Policy Date, we will not contest it for any reason except nonpayment of premiums. After any endorsement or rider has been in force as part of the policy during the lifetime of the Insured for two years, we will not contest it for any reason except nonpayment of premium.

ERROR IN AGE OR SEX: If the age or sex of an insured has been misstated, all payments and benefits under the policy will be those which the premiums paid would have purchased at the Insured's correct age or sex.

ASSIGNMENT: The Owner may assign all rights under this policy. We will not be bound by the assignment until written notice is received, accepted, and recorded at our Home Office. Assignment will be subject to any amounts owed to us before the assignment was recorded. We are not responsible for the validity of any assignment.

NON-PARTICIPATION: This policy does not participate in our earnings or surplus. This policy does not carn dividends.

#### DEATH BENEFIT PROVISION

We will pay the Death Benefit to the Beneficiary when we receive satisfactory proof that the death of the Insured occurred while this policy was in force. The part of any premium paid past the policy month of death will be added to the amount paid on death. Any amounts owed to us under the Premium Payment Provisions will be deducted from the amount paid on death.

#### OWNER AND BENEFICIARY PROVISIONS

OWNERSHIP: The Owner has all rights under the policy during the lifetime of the Insured, unless otherwise provided. If the Owner dies before the Insured, the Owner's estate becomes Owner of the policy, unless the Owner has provided otherwise.

The Owner may name a Contingent Owner or a new Owner at any time during the lifetime of the Insured. Any new designation of an Owner will automatically revoke any existing designation. Any request for change must be made in writing and recorded at our Homo Office. It is effective as of the date the written request is signed. It will not apply to any payment made or action taken by us before it was recorded.

BENEFICIARY: The Beneficiary and Contingent Beneficiary on the Policy Date are named in the application. More than one Beneficiary or Contingent Beneficiary may be named. If more than one Beneficiary is designated when the Death Benefit becomes payable, payment to the survivors will be made in equal shares, or in full to the last survivor, unless some other distribution of proceeds is provided.

If any Beneficiary dies or ceases to exist before the Death Benefit becomes payable, that Beneficiary's interest will be paid to any surviving Beneficiaries or Contingent Beneficiaries according to their respective interests, unless you have specified otherwise. If no Beneficiary is living or in existence when the Death Benefit becomes payable, we will consider you or your estate to be the Beneficiary.

CHANGE OF BENEFICIARY: While the Insured is living, you may change any Beneficiary or Contingent Beneficiary. Any change must be in a written form satisfactory to us and recorded at our Home Office. Once recorded, whether or not the Insured is then alive, the change will take effect as of the date you signed it. It will not affect any payment made or action taken by us before it was recorded. We may require that you send us your policy for endorsement before making a change.

#### PREMIUM PAYMENT PROVISIONS

Premiums are payable for the term of the policy or until the prior death of the Insured. The full premium is payable in advance, and must be paid when due to avoid loss of coverage or reduced benefits. Premiums are payable at our Home Office or to our authorized representative. The authorized representative will accept premiums and provide an official Company receipt signed by the President or Secretary and countersigned by representative. The first premium is due on the Policy Date shown on page 2. After that, premiums are due once a year, or every six months, or every three months, or once a month, depending upon the frequency of payment chosen by the Owner.

All future premiums are guaranteed. You may change the frequency of future premium payments by written request. The change must conform to premium payment rules we have in effect at that time.

PREMIUM CHANGES: All premiums are guaranteed at issue as stated in the policy data pages. The premiums are level for the period shown on the policy data pages. After the level portion of the policy, the premiums are based on an Attained Age scale and increase every year to age 95.

GRACE PERIOD: If any premium after the first one is not paid when due, a period of 31 days from the due date of the unpaid premium will be allowed for payment. The policy will continue in force during this 31 day period. However, if the Insured dies during this 31 day period, any unpaid premium will be deducted from the Death Benefit. In no event will premiums be charged past the policy month of death. This policy will lapse, without value, if premiums are not paid.

REINSTATEMENT: If this policy lapses prior to the expiration date, you may reinstate it. You must apply in writing within five years after the date the first unpaid premium was due. We must also have evidence of insurability that is acceptable to us. All overdue premiums must be paid with 6% compound interest. Compounding interest is added to the amount owed and begins to bear interest itself during the following year.

#### CONVERSION

This policy may be converted to a level premium, level benefit, permanent plan of whole life or endowment insurance which is currently being offered by Nationwide. Subject to the Company's approval, the conversion may also be made to certain non-level premium, permanent life insurance policies. Conversion may be at any time prior to the end of the conversion period, as stated on the policy data pages. The following will apply:

- 1. This policy must be in force.
- 2. Conversion must be applied for in writing.
- 3. The Insured's Attained Age must be less than 75.
- 4. Evidence of insurability is not needed.
- The face amount of the new policy may be for an amount up to the face amount of this policy at the time the request for conversion is made, but not less than our published minimum for the plan selected.

- 6. The new policy must be for a plan of insurance we are issuing on the date of conversion.
- Premiums for the converted policy will not be waived because of any existing disability at the time of conversion.
- 8. Supplemental benefits cannot be added without evidence of insurability and consent of the Company.

The Policy Date of the new policy will be the date of conversion. The premium for the new policy will be based on the same class of risk as this policy and the Attained Age of the Insured on the date of conversion.

The contestable and suicide periods in the new policy will start on the Policy Date of this policy.

#### POLICY SETTLEMENT

Policy settlement means payment of the Death Benefit when the Insured dies.

Policy settlement may be paid in a lump sum. Options for other methods of settlement are also available. One settlement option or a combination of options may be chosen. A settlement option other than lump sum may be chosen only if the total amount placed under the option is at least \$2,000.00 and each payment is at least \$20.00.

While this policy is in force, the Owner may choose, revoke or change settlement options at any time. If no settlement option has been chosen before the Insured has died, the Beneficiary may choose one. If no other settlement option has been chosen, payment will be made in a lump sum.

Settlement options must be chosen, revoked or changed by proper written request. After an option, revocation, or change is recorded at our Home Office, it will become effective as of the date it was requested. We may require proof of age of any person to be paid under a settlement option. Any change of Beneficiary will automatically revoke any settlement option that is in effect.

At the time of policy settlement under any settlement option other than hump sum, we will issue a settlement contract in exchange for the policy. The effective date of the settlement contract will be the date the insured died.

Settlement option payments are not assignable. To the extent allowed by law, settlement option payments are not subject to the claims of creditors or to legal process.

Options 1, 2, 4 and the guaranteed period of Option 3, provide for payment of interest at the rate of 2-1/2% per year. We will determine once a year any interest to be paid in excess of the rate of 2-1/2%.

#### **OPTIONS**

- 1. INTEREST INCOME: Any amount payable under this option may be left with us and will receive interest of at least 2-1/2% annually. This interest may be either left to accumulate or it may be paid at the end of every 12, 6, 3, or I month interval from the effective date of the settlement contract. Upon receipt of proper written request, the amount left with us may be withdrawn.
- 2. INCOME FOR A FIXED PERIOD: Any amount payable under this option will be paid over the number of years selected. The amount payable monthly for each \$1,000 left with us will be at least as much as the amount shown in the Option 2 Table. If chosen, payments will be made at the beginning of each 12, 6, 3, or 1 month interval, starting with the effective date of the settlement contract. Each payment includes a portion of the amount left with us and interest. Upon receipt of proper written request, the amount left with us may be withdrawn.

- 3. LIFE INCOME WITH PAYMENTS GUARANTEED: Any amount payable under this option will be paid during the named payee's lifetime. A guaranteed period of 10, 15, or 20 years may be selected. Payments will continue to the end of this period even if the payee dies. The amount payable monthly for each \$1,000 left with us is shown in the Option 3 Table. If chosen, payments will be made at the beginning of each 12, 6, 3, or 1 month interval starting with the effective date of the settlement contract. Amounts left with us under this option may not be withdrawn.
- 4. FIXED INCOME FOR VARYING PERIODS: Any amount payable under this option will be paid in a fixed amount until the amount left under this option, and interest, has been paid. The total amount payable each year may not be less than 5% of the amount left under this option. Interest paid under this option will be at the rate of at least 2-1/2% compounded annually. If chosen, payments will be made at the beginning of each 12, 6, 3, or I month interval, starting with the effective date of the settlement contract. Upon receipt of proper written request, the amount left with us may be withdrawn.
- 5. JOINT AND SURVIVOR LIFE INCOME: Any amount payable under this option will be paid and continued during the lifetimes of the named payees, as long as either payee is living. Upon request, the Company will furnish information as to the monthly amounts payable for each \$1,000 of proceeds. (Life Income amounts payable for other combinations of age and sex will be furnished on request.) If chosen, payments will be made jointly at the beginning of each 12, 6, 3, or 1 month interval, starting with the effective date of the settlement contract. Amounts left with us under this option may not be withdrawn.
- 6. LIFE ANNUITY: Any amount payable under this option will be paid during the lifetime of the named payee or the lifetimes of the named payees. The amount payable will be 102% of our current annuity purchase rate on the effective date of the settlement contract. Annuity purchase rates are subject to change. Upon request, we will quote the amount currently payable under this settlement option. If chosen, payments will be made at the end of each 12, 6, 3, or 1 month interval from the effective date of the settlement contract. Amounts left with us under this option may not be withdrawn.

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#### TABLES FOR SETTLEMENT OPTIONS

**OPTION 2** 

# Monthly Installments for each \$1,000 of Proceeds Option 2 - Income for a Fixed Period

Number of Years	Amount of Each	Number of Years	Amount of Each
Specified	Installment	Specified	Installment
1	\$84.28	16	\$6.30
2	42.66	17	6.00
. 3	28.79	18	5.73
4	21.86	19	5.49
5	17.70	20	5.27
6	14.93	21	5.08
,	12.95	22	4.90
8 1	11.47 10.32	23 24	4.74 4.60
io	9.39	25	4.4 <b>6</b>
îĭ	8.64	26	4.34
iž l	8.02	27	4.22
13	7.49	28	4.12
14	7.03	29	4.02
Annual semi-annual or	6.64	30	3.93

Annual, semi-annual or quarterly payments are 11.865, 5.969 and 2.994 respectively times the monthly installments.

**OPTION 3** 

Monthly Installments for each \$1,000 of Proceeds Option 3 - Life Income with Payments Guaranteed REFER TO NEXT PAGE

**OPTION 5** 

Monthly Installments for each \$1,000 of Proceeds
Option 5 - Joint & Survivor Life Income

M/F	50	55	60	65	70	75	80	85	90	95	100
50	\$2.86	\$2.96	\$3.04	\$3.11	\$3.17	53.21	\$3.24	\$3.26	\$3.28	\$3.29	\$3.29
55	\$2.92	\$3.04	\$3.15	\$3.26	\$3.35	\$3.43	\$3.48	\$3.52	\$3.55	\$3.56	\$3.57
60	\$2.96	\$3.11	\$3.26	\$3.41	\$3.55	\$3.67	\$3.77	\$3.84	\$3.88	\$3.91	\$3.93
65	\$3.00	\$3.17	\$3.35	\$3.55	\$3.75	\$3.94	\$4.10	\$4.22	\$4.31	\$4.37	\$4.40
70	\$3.02	\$3.21	\$3,43	\$3.67	\$3.94	\$4.21	\$4.47	\$4.68	\$4.85	\$4.96	\$5.03
75	\$3.04	\$3.24	\$3.48	\$3.77	\$4.10	\$4.47	\$4.85	\$5.20	\$5.50	\$5.72	\$5.86
80	\$3.05	\$3.26	\$3.52	\$3.84	\$4.22	\$4.68	\$5.20	\$5.73	\$6.22	\$6.63	\$6.92
85	\$3.06	\$3.28	\$3.55	\$3.88	\$4.31	\$4.85	\$5.50	\$6.22	\$6.98	\$7.67	\$8.22
90	\$3.07	\$3.29	\$3.56	\$3.91	\$4.37	\$4.96	\$5.72	\$6.63	\$7.67	\$8.73	\$9.68
95	\$3.07	\$3.29	\$3.57	\$3.93	\$4.40	\$5.03	\$5.86	\$6.92	\$8.22	\$9.68	\$11.16
100	\$3.07	\$3.30	\$3.58	\$3.94	\$4.42	\$5.07	\$5.96	\$7.12	\$8.62	\$10.46	\$12.49

**OPTION 3** 

# Monthly Installments for each \$1,000 of Proceeds Option 3 - Life Income with Payments Guaranteed

	of Payce	Gu	aranteed		Age	of Payce	Guaranteed Period Age of P		of Payer	Guaranteed Period Years				
	Birthday	1	Ycan		Last	Birthday Female	10	Year 1 15	20		Birthday		Y cars	1 20
Mak		10	15	20	Male	remaie	10	13	1 20	IAIST	FIGURE	10	13	1 20
5&	1		1	1	{			1	1			1	.	.
unde	r under	\$2.33			35	40	\$2.75				70	\$4.3	•	
6	11	\$2.33			36	41	\$2,78		\$2.77		71	\$4.4		-
7	12	\$2.34			37	42	\$2.81		3		72	\$4.5	1	1 .
8	13	\$2.35	\$2,35	\$2.35	38	43	\$2.83		\$2.82		73	\$4.7		1 ' ' '
9	14	\$2.36	\$2.36	\$2.36	39	44	\$2,86	\$2.86	\$2.85	69	74	\$4.83	\$4.65	\$4.40
10	15	\$2.37	\$2.37	\$2.37	40	45	\$2.89	\$2.89	\$2.88	70	75	\$4.90	\$4.75	\$4.47
111	16	\$2.38	\$2.38	\$2.38	41	46	\$2.92	\$2.92	\$2.91		76	\$5.10	\$4.86	\$4.54
12	17	\$2.39	\$2.39	\$2.39	42	47	\$2.96	\$2.95	\$2.94	72	77	\$5.24	\$4.97	\$4.61
13	18	\$2.40	\$2,40	\$2.40	43	48	\$2.99	\$2.99	\$2.97	73	78	\$5.39		
14	19	\$2.41	\$2.41	\$2.41	44	49	\$3.03	\$3.02	\$3.01	74	79	\$5.55	\$5.18	\$4.75
		····												
15	20	\$2,42	\$2.42	\$2,42	45	50	\$3.07	\$3.06	\$3.04	75	80	\$5.71	\$5.29	\$4.81
16	21	\$2.43	\$2.43	\$2,43	46	51	53.11	\$3.10	\$3.08	76	81	\$5.87	\$5.40	\$4.87
17	22	\$2,44	\$2.44	52,44	47	52	\$3.15	\$3,14	\$3.12	77	82	\$6.05	\$5.51	\$4.92
18	23	\$2.46	\$2.45	\$2.45	48	53	\$3.19	\$3.18	\$3.16	78	83	\$6.22	\$5.61	\$4.97
19	24	\$2.47	\$2.47	52.46	49	54	\$3.24	\$3.22	\$3.20	79	84	\$6.40	\$5.72	\$5.02
	.·	<u> </u>			البيبين									
20	25	\$2,48	\$2,48	\$2.48	50	55	\$3.29	\$3.27	\$3.25	80	85	\$6.58	\$5.82	\$5.06
21	26	\$2.49	\$2,49	\$2.49	51	56	\$3.34	\$3.32	\$3.29	81	86	\$6.77	\$5.91	\$5.10
22	27	\$2.51	\$2.51	\$2.50	52	57	\$3.39	\$3.37	\$3.34	82	87	\$6.96	\$6.00	\$3.13
23	28	\$2.52	\$2.52	\$2.52	53	58	\$3.45	\$3.42	\$3.39	83	88	\$7.14	\$6.09	\$5.16
24	29	\$2.54	\$2.54	\$2.53	54	59	\$3.50	\$3.48	\$3.44	84	89	\$7.33	\$6.16	\$5.18
25	30	\$2.55	\$2.55	\$2.55	55	60	\$3.56	\$3.53	\$3.49	85	90	\$7.51	\$6.24	\$5.21
26	31	\$2.57	\$2.57	\$2.57	56	61	\$3.63	\$3.59	\$3.54	86	91	\$7.69	\$6.30	\$5.22
27	32	\$2,59	\$2.59	\$2.58	57	62	\$3.69	\$3.66	\$3.60	87	92	\$7.87	\$6.36	\$5.24
28	33	\$2.61	\$2.60	\$2.60	58		\$3.76	\$3.72	\$3.66	88	93	\$8.03	\$6.41	\$5.25
29	34	\$2,62	\$2.62	\$2.62	59	64	\$3.84	\$3.79	\$3.72	89	94	\$8.19	\$6.46	\$5.26
30	35	\$2.64	\$2.64	\$2.64	60		\$3.91	\$3.86	\$3.78	90	95	\$8.34	\$6.50	\$5.26
31	36	\$2.66	\$2.66	\$2.66	61	66	\$3.99	\$3.93	\$3.84	91	96	\$8.48	\$6.53	\$5.27
32	37	\$2.68	\$2.68	\$2.68	62	67	\$4.08	\$4.01	\$3.91	92	97	\$8.61	\$6.56	\$5.27
33	38	\$2.71	\$2.70	\$2.70	63	68	\$4.17	\$4.09	\$3.98	93	98	\$8.73	\$6.58	\$5.27
34	39	\$2.73	\$2.73	\$2.72	64	69	\$4.27	\$4.18	\$4.05	94	99	\$8.84	\$6.60	\$5.27
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			1	1						over	over	58.94	26.61	<b>35.27</b>

If the income psyable for a specific guaranteed period is equal to that for other guarantee periods the longer period will be deemed to have been elected.

#### **NATIONWIDE LIFE INSURANCE COMPANY**

ENDORSEMENTS (Endorsements may be made only by the Company at the Home Office)

Life 4608

10	1785	711	1001

#### ☐ NATIONWIDE LIFE INSURANCE COMPANY ☐ NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY P.O. Box 182835 Columbus, Ohio 43218-2835 Application for Life Insurance PARTA PROPOSED RRIMARY-INSURED b. Social Security Number Name (First, M. Last) Residence Street Address (include city state and ap code) State of Banh Wicke MAR Ormer's Luceosa & and State of Issue Sex ES M Occupation Advertision MAD Wanter Former Name (d applicable) NA How long have you 46 years Care yoursed and understand English? Crizenship (il other, submit Foreign Sippl a us C) Other ige (Home) Best time to call Best time to call (WPILL (AD)/PH PROPOSED INSUSED LIO SOCIAL SECURITY RELATIONSHIP STATE OF DATEOF XAME OF WEIGHT BIRTH HUMBER TO INSURED NSURED(S) BIRTH JOINTISPOUSE PROPOSED INSURED ADDITIONAL INFORMATION: (Complete of applicable Residence Street Address (Include city, state and top code) Former Name (if applicable): c Occupation d Employet Driver's License # and State of Issue Mental States Can you read and understand English? Citizenship fil other submit Foreign Supplement) How long have you been in the US? O Yes D U8 ☐ Other D No Telephone (Home) Best time to call Best tone to call AM /PM AM IPM OHNER (The Primary Insured (José Insureds in case of Survivorship) will own the policy unless indicated have. If the Owner is a Trust, complete the Trust Information Section below.) b. Social Security Number or Tax ID Name (First, MI, Last): Residence Street Address (anchole city, state and zip code) Date of Buth Telephone Humber County. Relationship to insured(s) ehan applying for Owner's Desiit or for Owner's Doath or Disability Benefits (Only complete in, i, ) and it for Englishmal kin policies on juveniles (eges 0-Height: h. Occupation Total Information (Princip submit copy of first and separating pages of Trust document pages to Trust VANE OF TRUST TAX CURRENT TRUSTEEIS) DATE OF TRUST **EXACT NAME OF TRUST**: ID NUMBER CONTRIGERT OWNER Social Security Humber or Tax ID Hame (First, M. Less) Residence Street Address (unclude city, state and zip code) Relationship to insured(s) Telephone Number g. Date of Birth County L-4738-21 i Page 1 (12/2002)

6	LIFE DISURANCE PLAN		
1	Plan (il a Vasable Life product :	s being applied for, the Vanishle Life F	and Supplement MUST be completed in conjunction with this application.)
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B.—BENEFICIARY DESIGNATIONS, (if Joint Pain, specify each Primary Insured's beneficiary is designated pyments to the beneficianes surviving the Insured will be made in equal states or in full to the last surviving beneficiary indest some other distribution of proceeds in propuded III Benefic is a Tirist complete the Trust Information Section below.)  5. PRIMARY CONTINUENT BENEFICIARY DATE OF RELATIONSHIP SOCIAL SECURITY NAME  PROPOSED Primary Insured  D. MALILAYM, KENTHE Trust  D. PROPOSED Insured (Joint/Spours)  D. Residence Sites Address (include city, state and up code)  10. INSURANCE INFORMATION  11. INSURANCE INFORMATION  12. INSURANCE INFORMATION  13. Wilk any Life Insurance or Annayees for lists or any other company be replaced, discontinued, reduced or changed if insurance now applied for its section of the proposed pour not the Corner of the terms policy or you are not connecting the sales a mount of the terms policy phases enhance in the sales in the terms policy or you are not connecting the sales a mount of the terms policy phases enhance?  D. Oyou currently have set by the Insurance of Annayles is a shought of the sales of the terms policy or you are not connecting the sales a mount of the terms policy phases enhance?  D. Oyou currently have set by the Insurance of Annayles is a shought of page of the company of the terms policy or you are not connected by the insurance of Annayles in the sales and the company of the terms policy or you are not connected by the sales and Annayles in the sales and the company of the terms policy or you are not connected by the sales and Annayles a	'By providing ray i	inancial institutor	name and soco entres to any che	al minera	has I hereb	without N	shomade lufe ins	crance Companyii	Vahonude Life and	dennative i
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PARTB .										
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L-4736-21

#### PARTC

#### 18. TAXPAYER IDENTIFICATION NUMBER

Under the Interest and Dividend Compliance Act of 1983, persons ofmany missiance policies are required to provide the Company with certification of this training with their taxpayer interhilization number is correct. (For most individuals, this is their Social Security Number.) If you do not provide us with certification of this number, you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, we will be forced to withhold 31% from interest and other payments we make to you (known as backup withholding). It is not an additional tax, since the amount withheld may be applied against any tax you own. If withholding results in an overpayment of baxes, a refund may be available.

Check this box if the Internal Revenue Service has notified you that you are subject to backup withholding

Otherwise, your agristing on this application is cerefication that the tempayer identification number on this application is true, correct, and complete. The internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

19.	SPECIAL INSTRUCTIONS	(il more space is needed, an addisonal blank sheet may be ettached.)
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# AMENDMENT OF APPLICATION FOR INSURANCE TO NATIONWIDE LIFE INSURANCE COMPANY COLUMBUS, OHIO 43215

I hereby amend my application for insurance to the Nationwide Life Insurance Company on the life of Gary Lamiloff dated November 11, 2003 as follows:

The policy was issued with Non-Tobacco rates.

RETURN ORIGINAL SIGNED COPY TO NATIONWIDE

**DUPLICATE** 

P.82/82

Phys Nam Addr Teler Medi	1000 Cd Rever Ave 10thone 246-471-3844 cal specialty Phys. Madreson & Rephys	Discoup P.O. Box 8026 Dublin, OH 43016 Social Security N	o. sician	8, inc	
	ent medications to include prescription, over-the-counter medication taken				يناه التناب والخلال وبالأدن تغيابات بالاستهام والمناف والمناف والمناف والمناف والمناف والمناف
of do	sage and frequency. Celebras Naucontro				
	you ever had any indication of, been evaluated, diagnosed, or treated	by a medical	V		DETAILS of yes answers. Identify question number. Circle applicable items.
profe	essional for:		Yes	PIO:	include diagnosis and name and address
18.	Heart disease, including heart attack, angine or cheel pain, shortness of brea congestive heart tailure, heart murmur, or valvular heart disease, congenit	at beart defect, or		,	of medical provider(s) consulted. (Use
	other disorders of the heart?			M,	page 2 if additional space is needed.)
b.	the trade of the Para black black apparatus black abalantami or	high trighycerides?		od ,	
C.	Heart catheterization, abnormal electrocardiogram, or other cardiac test, or surgery, or anotoblasty?	pronery bypass		ъ	
2.	Ansuryem, carotid artery disease, deep venous thromboals, phlebitis, perip disease, any other disorder of the blood vessels, or pulmonary embodism?	heral vascular		<b>a</b> .	
3a.				M	
b.	Thyroid, adrenal, perathyroid, pituitary, or other glandular disorder?			ď	
48.	Cancer, leukemia, lymphoma or any malignant or benign tumor, cyat, or po	lyps?		Ŋ	
b.	the state of the s	ntigen),	0	ø	
5.	AKOS (Acquired Immune Deficiency Syndrome), or received positive results	of an HIV (Human	,		
	Immunodeficiency Virus) lest using the ELISA-ELISA-Western Biol Testing Disorder of the blood including anemia, sickle cell disorders, thatessemis, !	Sequence /		D,	
в.	other disorder of the red blood cells, platelets, or clotting factors?	estropeimo, or early		A	
7.	Stroke, TIA, paralysis, epilepsy, seizures, fainting, tremor, Parkineon's dise retardation, carebral paisy, multiple scienosis, Alzheimer's disease, ALS (L4	ase, mentel nu Gehrig's			
	disease), or any other symptoms or disorders of the nerves or brain?	*************		3	
8a.	Asthma, emphysema (COPD), tuberculosis, or chronic bronchitis?				
b.	Persistent hoerseness or cough, an abnormal chest X-ray or other lung dis	Base of Disorder/		*	
9a.	Uicer, intessinal bleeding, uicerative colitia, Crohn's disease, diverticulitis, h disorder of the exophagus, stomach, or intestines?	ernia, or any other			
_	Jaundice, cirrhosia, hepalitis, or any disease of the liver, pancreas or gall b	incidar?		M	
10a.	Sugar, protein, or blood in the urine, lidney stone, glomerulonephritis, or his nephrectomy?	story of	_	7	
ь	Other disorders of the kidney, bladder, ureler, urelitra, or any part of the uri	nary system?			
11a	Reproductive system including uterine fibroids, endometriosis, or overlan of	rst/furnor?	0	1	
b.	many the second testing and as a parcella topographic	lied diseases?			
	Other deorder of the reproductive organs or breaste?			01	
12.	Disorder of the muscles, joints, bones, lendons, ligaments, soft feeces, spine arthritis, fracture, chronic pain, or hemisted disc, chronic fatigue syndrome,	or back including		6	
13	Disease of eyes, ears, nose, or throat?			R	
14a.	Psychological or psychiatric disorders including depression, bipolar disorder	r, obsesalve		1	
	compulsive disorder, schlzophrenia, attension deficit disorders, affective disc	erdens, eating		_/	
	disorder, or any other mental or behavioral disorder or disease?			财	
b.	Alcoholium, drug dependency or addiction?	***************************************			•
15.	Any other mental or physical disease or disorder not listed above?			M	

(04/2002)

Nat	ionwide Life a	nd Annuity Insurance Company	(Part 2 (con	tinued) of an				le insurance for Life or H	eelth Insurance)
	you in the pa				<del></del>		No		
	Been a patien	t (including outpatient) in a hospital,							
b.		been referred to any physician not ils							
C.		to have surgery, hospitalization, test					ø		
17a.		? (If yes, specify dates and form of t					Ø		
ð.		beverages? (If yes, how much, wh	•			,		accastonal-soc	( <del>-2</del> )
G.		all, restricted, or controlled substance							
	provide details	.)	********************				øf)		
18.	Requested or r	eceived a pension, benefits, or paymer	nt because of injury,	sicionese or di	sability?		52		•
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	Living	Health Concerns or Cause of Death	Age or Age at Death	Brother or Sister?	Living		n	salth Concerns or Cause of Death	Age or Age at Death
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	1.00	Leukamis	79		NG				
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Othert	amily members	with disbetes, heart disease, cancer	r, kidney disease or	other inherit	able condition	X19?			
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All the t	statements and	answers on this form are complete	and true to the be	st of my kno	wiedge and	belief,	whe	ther written by my own t	and or not; and t
S <b>UTSS</b> B	hat iney are to i	be the basis for any insurance issue	d hereon. Lauthor	ize: any lice:	reed physici	en or r	nedic	al practitioner; any hosp	tal, clinic or other
Knowiec	ton of me (or o	elated facility; any insurance compi I any pitopr person who is proposed	eny, use medical a Lincinsumment in .	MURRAMON B	ureau; or a maation to i	ny Den ho Ma	ar on	penization, installition, of Director of the Masterson	person who has
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#### 20. AGREEMENT, AUTHORIZATION AND SIGNATURES

I have read this application. I understand each of the questions. All of the answers ead statements on this form are complete and true to the best of my knowledge and belief. I understand and agree that

- A This application, any amendments to a, and any related medical examinations will become a part of the Pokey and are the beats of any insurance issued upon this application.
- B. No medical examiner, produces or other representative of Nationande may accept risks or make or change any contract, or waive or change any of the Company's rights or requirements.
- C If the full first premium payment is made in exchange for a Temporary insurance Receipt, Nationaide will only be liable to the extent set forth in that recept
- D. If the full first premium is not paid with this application, then insurance will only take effect when all of the following conditions are met:
  - 1. a Policy is issued by Nationwide and is accepted by me; and
  - 2. the full first premium is paid, and
  - all the answers and statements made on the application, medical examination(s) and amendments continue to be into to the best of my knowledge and belief.

The applicant has a right to concel this application at any time by contacting their agent or Habonwide in writing. I have received the pre-notice form of the Fair Credit Reporting act of 1970 and the Medical Information Bureau disclosure form. I certify that the Social Security Number given is correct and complete.

I authorize any identised physicism or medical practitioner, any hospital, clinic, pharmacy or other medical or medically related facility; any insurance company, the Medical Information Bureau, or any other organization, estatution or person who has trionidege of me, to give that information to the Medical Director of the Mateonards talls insurance Company/Mateonards Late and Annually insurance Company, or its renducers, for the purpose of underwrining my application in order to determine eligibility for Life Insurance and to invastigate claims. By my adjustine below, I acknowledge that any agreements I have made to restart my protected health information do not apply to this authorization; and I instruct any physician, health care providers to release and disclose my entire medical record without restaction. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer be covered by faderal rules governing provider and confidentiality of health information. This authorization, or a copy of it, will be valid for a period of not more than two and one-half years (30 monoths) from the date it was signed. I understand that I have the right to revoke the suthorization in writing, at anytins, by standing a written responsition to Nationwide Life insurance Company/Mitenson. Underwriting, P.O. Box: 182835, Columbus, Ohlo 43218-2835. I understand that a revocation is not effective to the extent that any of my providers have related on the authorization, or to the octant that Nationwide Life insurance Company/Mationwide Life and Annually Insurance Company has a legal right to contest a claim under an insurance policy or to contest the policy that!. I father understand that if arises to sign this authorization to action to be altered to provide a process my application. I understand that my authorized representative or I have a right to a copy of this authorization by sending a request to habitate by application. I understand that my authorized representative or I hav

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Signed at	Birm	merchill mades	on October	2003				
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this application a	nd have witnessed h	all Proposed Insured's answers on instruction and insured in the second	Coar Harmon Locilett					
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Producer's Nam	E. RETCH a (phraso pond)		Signature of Proposed Boures (or parent of Proposed Insured is under	Age 15)				
Produčera Sign	ture )		Name of Joint/Spoose Proposed Insuled (p	lease print)				
Fum	wary .	21-0024503 Producer's Nelsonwide Namber	Signature of John/Spouse Proposed Insured (#	lo be insured)				
Social Security N	prober		Signature of Applicant/Owner (if other these t	he historical)				
····			Signatore of Payor (4 other than the los	ured)				
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L-4735-21

Page 7



#### **GUARANTEED TERM LIFE INSURANCE TO AGE 95 POLICY**

Renewable once a year until age 95.

Convertible anytime prior to the end of the conversion period, as stated on the policy data pages.

Premiums payable during lifetime of Insured prior to the end of the term of the policy.

Premiums are guaranteed at issue.

Non-Participating - No Dividends.

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